MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Health Director

**Completed Application Report**
**ES26-041** 8386B

## Record Type

Existing Well and/or Septic Permit

## Site Address

15250 HUS MCGINNIS RD

MECKLENBURG, NC 28078

## Parcel

02120104

## Application Contacts

| Applicant |
| --- |
| ICILDA NASTASE |
| 15250 HUS MCGINNIS RD<br>CHARLOTTE, NC 28078 |
| Email:<br>FOODSGREAT@FAMILYCATERINGSERVICE.COM |
| |

ESA - Approved

## Property Owner

ICILDA NASTASE LIVING TRUST

15250 HUS MCGINNIS RD

HUNTERSVILLE, NC NC

## Custom Fields

Application Type : Well Only

Are there any dogs at the property : No

Are you the owner of this property : Yes

By checking this box, I agree to the above certification : CHECKED

Enter Full Name : ICILDA NASTASE

File # : 8388B

Is there a coded gate : No

Other : CHECKED

Property Type : Residential

Request Type : Reconnection to existing septic system different footprint

Trust Account Available : No

Type of Work : Addition or renovation with occupancy increase

## Certification

Date of Certification : 10/14/2026

MECKLENBURG COUNTY
North Carolina
Public Health

# Mecklenburg County Public Health

Kimberly Scott, DrPH, MPH
Interim Health Director

File/Permit #: 8388B-ES26-041
RES-NEW-26-005LDCO

## EXISTING SYSTEM APPROVAL

■ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

*[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]*
*[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]*

Applicant: Icilda Nastase
Mailing Address: 15250 Hus McGinnis Rd
City: Huntersville
State: NC Zip: 28078
Phone #: 704-641-5629
Email: foodsgreat@familycateringservice.com

Owner: Icilda Nastase
Mailing Address: Same
City:
State: Zip:
Phone #:
Email:

Parcel #: 021-201-04
Property Location/Address: 15250 Hus McGinnis Rd, Huntersville NC 28078

Facility Type: ☐ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: Design Daily Flow: GPD
Number of Bedrooms: 5 Max # Occupants: Other:
Wastewater Strength: ■ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ■ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ■ OTHER

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ■ OTHER

Site plan or plat showing the locations of the existing and proposed facilities, existing wastewater systems and repair areas, existing and proposed water supplies, easements, rights-of-way, encroachments, artificial drainage, and all appurtenances is attached:

■ Yes ☐ No

**IF THE INFORMATION IN THE APPLICATION FOR AN EXISITING SYSTEM AUTHORIZATION (ESA) IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ESA SHALL BECOME INVALID.**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted the right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible. I understand that if the information in the application is falsified, changed, or the site is altered, then the Existing System Approval shall be invalid.

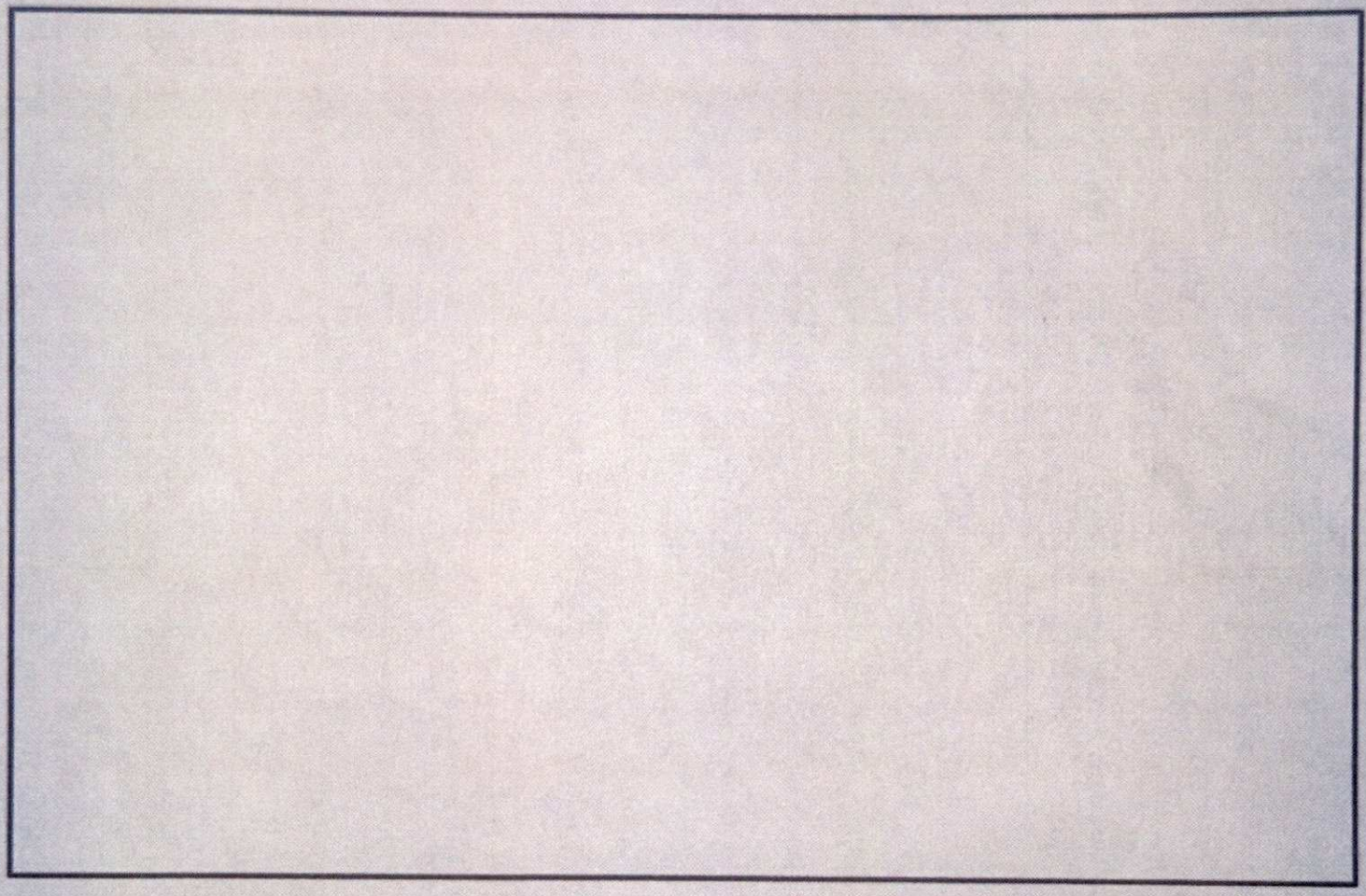
Icilda Nastase 10-9-26 Icilda Nastase 10-8-26

Property owner's signature (required) Date Applicant's signature (required) Date

## SITE PLAN

Please include on this site plan:

- locations of the existing and proposed facilities;
- existing wastewater systems and repair areas;
- existing and proposed water supplies; and
- easements, rights-of-way, encroachments, artificial drainage, and all appurtenances.



ll the following must be checked for approval:

- [x] No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- [x] DDF and wastewater strength for the proposed facility or site modification do not exceed that of the existing system
- [x] Proposed facility or site modification meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: well is located >25' from proposed structures, well sample initial results are clear, Structures must be connected to municipal sewer.

Inspector's Printed Name: Matt Hall

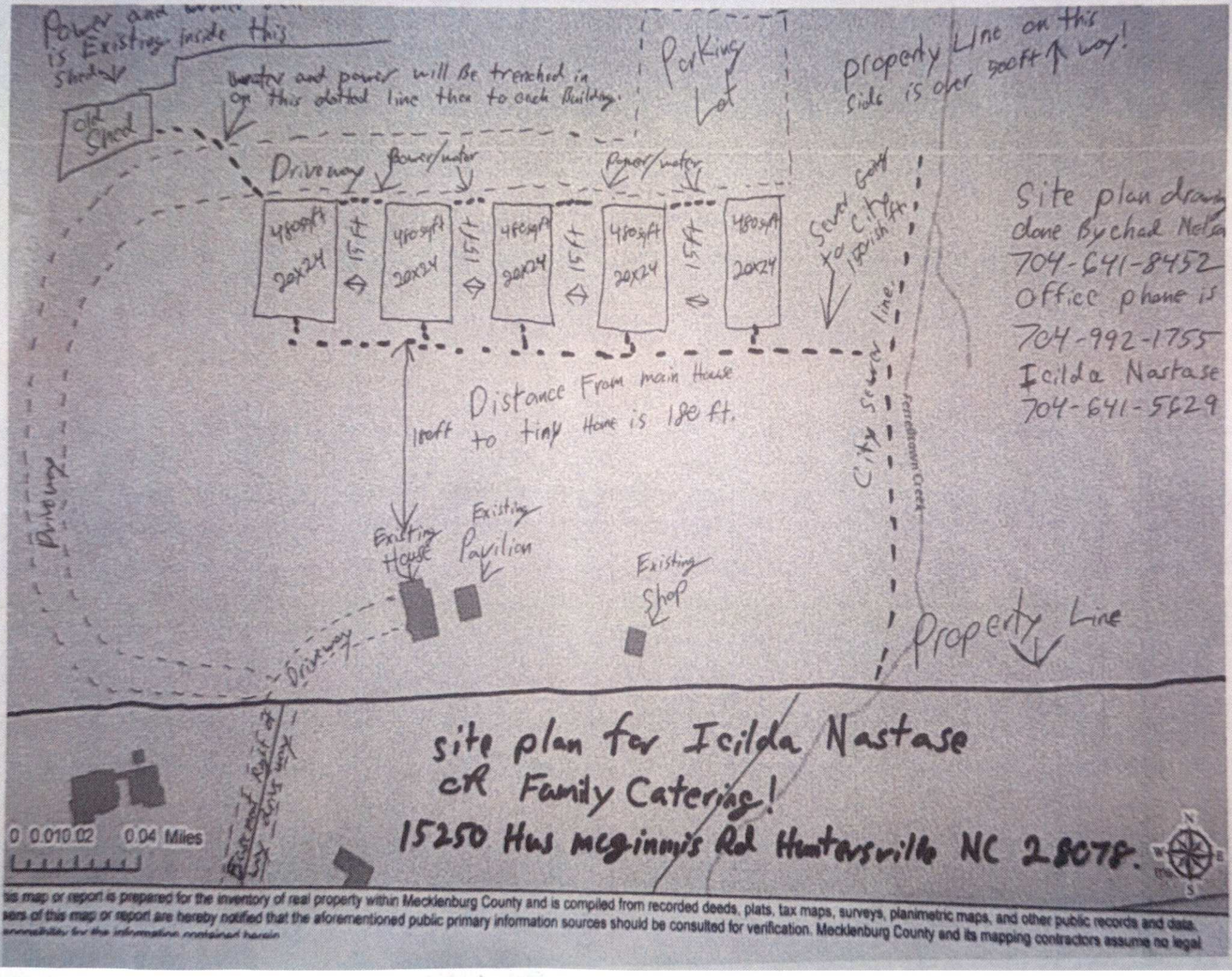
Inspector Certification #: 2496

Inspector's Signature: Matt Hall

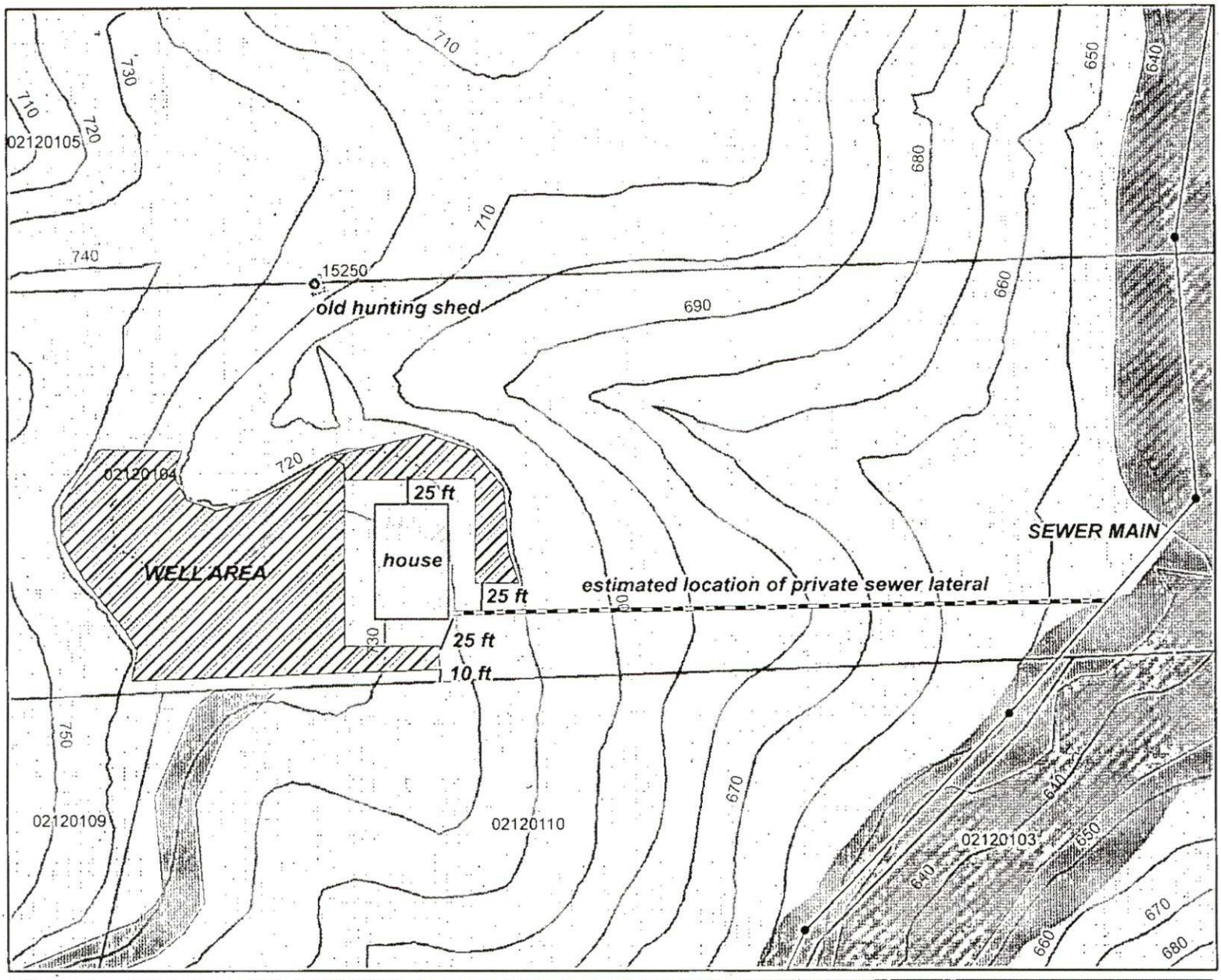
Date: 10/28/26

*The existing system approval expires one year after the date of issuance.*

***See attached site sketch***




This map or report is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map or report are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.




Mecklenburg County Groundwater & Wastewater Services
Permit # 10005331

Well shall be sited according to Mecklenburg County Groundwater Well Regulations (amended April 19, 2011) including but not limited to:

10' from property boundaries (unless otherwise noted)
25' from building perimeters, including any attached structures (unless otherwise noted)
50' from other potential sources of contamination
25' from private lateral sewer lines
50' from surface water bodies
100' from sanitary sewer lines, septic tanks, drainfields & repair areas, and shall not be located in any easement or right-of-way except for easements such as conservation easements

PID # 021-201-04
15250 Hus McGinnis Rd

File # 8388B

Authorized Agent: Kim Honeycutt, REHS

Owner/Legal Agent: _____

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 10/14/26 | **Amount:** | 100.00 |
| **Receipt #:** | 163840 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | ALVARJS | | |

**Account Information**

**Account #:** X66406
**Contractor:** NASTASE ICILDA
**Attn:**
**Address:** 15250 HUS MCGINNIS RD
**Address:**
**City/State/Zip:** HUNTERSVILLE, NC 28078

| Item | Description | Quantity | Unit Price | Total Price |
|---|---|---|---|---|
| 0705 | Use Existing System<br>15250 HUS MCGINNIS RD | 1 | 100.00 | 100.00 |

Permit#

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 100.00 | | | | | |

**Groundwater & Wastewater Services**
**Well Project File & Data Review Worksheet**

GWS File #: B388B Accela App #: ES26-041

ES assigned to project: Brett/Matt.

Well Fee Paid: 10/14/26

Project Type: New Well ☐ Well Abandonment ☐ Major Repair ☐ -use existing well ✓

Septic System Status: Permit in progress ☐ System installation completed ☐ N/A-Sewer ☐

**I. File Review:**

| | | | | | |
|---|---|---|---|---|---|
| Completed application | Yes ☐ | No ☐ | | | |
| ARGU review report | Yes ☐ | No ☐ | N/A ☐ | | |
| Signed permit | Yes ☐ | No ☐ | | | |
| Notification of disinfection | Yes ☐ | No ☐ | N/A ☐ | | |
| Sample Results | TC ☐ | Nitrate/Nitrite ☐ | Other ☐ | N/A ☐ | |
| GW-1 Form / GW-30 Form | Yes ☐ | No ☐ | | | |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ | | |

Comments:

_____

_____

_____

☐ Send for Signatures

**II. Accela Review:**

| | | | |
|---|---|---|---|
| Completed application w/ valid address | Yes ☐ | No ☐ | |
| ARGU review completed | Yes ☐ | No ☐ | N/A ☐ |
| Permit issued | Yes ☐ | No ☐ | |
| Activity checklist completed | Yes ☐ | No ☐ | |
| Appropriate comments included | Yes ☐ | No ☐ | |
| Site information record completed | Yes ☐ | No ☐ | |
| Well detail record completed | Yes ☐ | No ☐ | |

Comments:

_____

_____

_____

☐ Well File Complete

Review performed by: _____ Date performed: _____